

The Evelyn W. Preston Memorial Fund, Bank of America, Trustee 2011 Grant Application

- Please read the Guidelines carefully and follow all instructions before completing the form.
- The application must be received in the attached form or it will not be accepted. Please see the Grant Guidelines for complete instructions on the due date, correct formatting and number of copies required.

Applicant Name:

Event Name:

Amount Requested from Evelyn W Preston Memorial Fund:

APPLICANT INFORMATION

Applicant Name (Organization):

Applicant Address:

Applicant Mailing Address:

Applicant Telephone:

Website:

Email:

Fax:

Contact Person:

Title/Function:

Telephone:

Email:

Fiscal Agent (if necessary):

Fiscal Agent's Mailing Address:

Self-identify your style of music:

Nonprofit Organizations Applicants Only

Please provide a brief history of the organization's goals and objectives, a copy of the IRS 501(c)(3) determination letter, board list, organization budget.

If you are proposing a concert(s) utilizing City of Hartford property or services, please respond to the following questions.

Have you ever received a *Special Events Permit* with the Risk Management Department?

☐ Yes ☐ No

Do you have any outstanding debts with the City of Hartford for any previous event(s)?

☐ Yes ☐ No

If yes, list for all City Department owed, date incurred and amount(s).

Have you paid the outstanding fees?

☐ Yes ☐ No

If yes, please submit a copy of receipt.

Do you have a payment arrangement with the City of Hartford for previous event(s)?

☐ Yes ☐ No

If yes, please submit a copy of payment arrangement letter.

Does the event(s) require the direct involvement by City of Hartford personnel, equipment or other service support? ☐ Yes ☐ No

If yes, indicate the type (Police, Fire, and Public Works) and specific dollar amount of services required.

Please provide the proposed concert(s) information below:

EVENT DESCRIPTION

Title of Event/Performer(s):

Date/Time:

Rain Date:

Location:

Rain Location:

Anticipated Audience:

Handicapped Accessible?

Brief Description of Event and Music Presented:

Number of Band Members:

Number of Concerts:

Number of Performers per Concert:

EVENT DESCRIPTION

Title of Event/Performer(s):

Date/Time:

Rain Date:

Location:

Rain Location:

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Handicapped Accessible?

Brief Description of Event and Music Presented:

Number of Band Members:

Number of Concerts:

Number of Performers per Concert:

Please describe past experience(s) in presenting similar programs. Please include the type of event(s), (e.g., concert, festival, etc.), the type of music, location of the event(s), and the community involvement and/or reception of the event or any other pertinent information. Please attach any press releases, articles, brochures or bios relevant to completed programs.

If you are not fully funded by the Preston Fund, what is the contingency plan? This question must be completed.

Financial Information

(List other funding, applied for, if applicable and the total amount you are requesting from the Preston Fund.)

Proposed Income Budget	Amount	Committed (pending, verbal or written)
Applicant Cash		
Business Support		
Foundation Support		
Government Support		
Concessions		
Other (Please define)		
Request from Preston Fund		
TOTAL INCOME		

Indicate the type of expenses that you plan to cover with this grant. Please see the guidelines for eligible expenses.

Proposed Expense Budget	Amount	Notes
Salary Expense		
Artist Fees		
Production Expense		
Sound		
Lighting		
Staging		
Rental (detail)		
Marketing Expense		
Printing (i.e., flyers)		
Insurance		
City Services		<input type="checkbox"/> includes 50% Council waiver <input type="checkbox"/> does not include 50% Council waiver
Other (Please define)		
TOTAL EXPENSES		

Income Budget Detail

List sources individually	Most recent amount received	Year received
Foundation Support		
Government Support		

In-Kind Contribution

Describe any volunteer work or contributed goods/services for each event. Include the source and estimated value. This list may include business, civic or corporate sponsorship.

Source	Goods/Services	Estimated Value
TOTAL IN KIND VALUE		

Declaration:

- I have carefully read the eligibility criteria for this application, which are described in the application guidelines, and I meet the criteria.
- I have already submitted the final report for the previous Evelyn W. Preston Fund Grant. I understand that my application will be considered ineligible if my final report is outstanding.
- I accept the conditions of this grant.
- **I certify that the statements in my application are true and complete, to the best of my knowledge.**

AN ORIGINAL SIGNATURE IS REQUIRED.

Applicant Organization (or Individual):

Print Name:

Title:

Date:

Signature:

Fiscal Agent, if applicable:

Print Name:

Signature:

Title:

Date:

PLEASE MAIL ALL APPLICATIONS TO:

Andres Chaparro

City of Hartford

Department of Health and Human Services

Office of Cultural Affairs

260 Constitution Plaza

Hartford, CT 06103